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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/464,351 04/22/2003  
 and is a CIP of 10/640,035 08/14/2003, *pending*  
 and is a CIP of 10/640,018 08/14/2003, *pending*  
 and is a CIP of 10/640,017 08/14/2003, *pending*  
 and is a CIP of 10/640,040 08/14/2003 PAT 6,956,998  
 and is a CIP of 10/813,108 03/31/2004 PAT 6,990,281

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 17	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 49443  
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TITLE  
 All optical chopping for shaping and reshaping apparatus and method

☐ All Fees

<b>FILING FEE</b>  <b>RECEIVED</b> <b>624</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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